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ABSTRACT

Teacher education is faced with critical problems, including establishing its own credibility. One assumption often made is that other professions do a more creditable job of monitoring those who enter their ranks and that teacher education might profit by emulating those groups who have been presumably more successful. The concept of relicensing deals with attempts to gain assurance that a practitioner has maintained a level of continuing competence. Of the procedures used in evaluating continuing competence in professions, two have received the bulk of attention: examinations, including clinical evaluations; and continuing education. Most professions have judged written examinations as inadequate for providing assurance to the public regarding continuing competence. Some form of on-the-job assessment has been recommended as a more logical, productive way of measuring competence. Reminders for teacher education include: (1) Licensing practices need constant reviewing and improvement; (2) No single test should be used to measure competence; (3) Validity studies are needed to establish competency measures' credibility; (4) Continuing education falls short of assuring practitioners' continuing competency; and (5) Viable models of cooperative efforts should be studied. (JMK)

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# CREDENTIALLING: A PROTEAN MODEL FROM OTHER PROFESSIONS

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Abstract:

A comprehensive review of credentialling practices in major professions reveals that many problems associated with accreditation, licensing, and monitoring continued competence have similarities across professions. The lack of predictive validity of entry level decisions, training programs, licensing exams, and developing continued competence is a universal phenomena. Teacher education may profit by reviewing experiences of other professions.

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Introduction:

Teacher education today is faced with critical problems, including establishing its own credibility. Many of those who should help, according to Egbert (1980), have given up on public education, especially teacher education.

Accusations that those who control entry into teacher education have abdicated their professional responsibilities have led to legislative responses in many states which established entry and exit requirements for teacher education programs. A few of these even involve field-based, on-the-job assessments prior to receiving teaching credentials. One assumption often made is that other professions do a more creditable job of monitoring those who enter their ranks and that teacher education might greatly profit by emulating those groups that presumably have been more successful. It is also true that public dissatisfaction is not limited to entry level competence of teachers, but is aimed at those already on the job as well. Educators themselves have indicated that an upgrading of teacher quality will not occur if efforts are limited to entry level personnel.

Perhaps we can learn something of value regarding the licensing and relicensing procedures used by our brothers and sisters in other professions. It will become apparent, as concerns and problems within other professions are discussed, that modeling from professions other than our own is not the panacea presumed and that many of the problems we face in teacher education are shared by other professions also.

A History of Uniqueness:

One of the first problems faced in discussing credentialling is that of terminology. For our purposes, accreditation will be used to mean the process of evaluation for an institution or specific program within an institution; licensing will apply to the process, usually a state function, for approving an individual for practice; and certification will be limited to the approval process which certifies an individual for a professional specialty. These definitions are

reasonably consistent across professions with one obvious exception being in teacher education, i.e. teacher certification rather than teacher licensing.

According to McGuire (1979), learned professions go through stages regarding the identification of professional competence. After an era of haphazard entry, a loose organization into a voluntary guild or professional association occurs. More stringent entry requirements and stringent curricula developments slowly emerge and result in the formation of a formal, self-policing group which often practices accreditation through a national review process. Later stages include: minimum competence of graduates evaluated by an outside agency, certifying higher levels of competency (specialists), requirements of periodic relicensing which verifies current minimum competencies, and finally the periodic review by peer groups of individuals by practice audits for the purpose of evaluating continuing competency. Teacher education practices fall near the middle of this evolutionary progression. This position permits the advantage of observing how other professions have continued through these stages, what procedures and techniques they used, the problems they faced and whether they review their progression with satisfaction and evaluate it as successful.

It may be worth briefly mentioning that the credentialling process used in the United States is unique. With few exceptions, the major nations of the world have a Ministry of Education that is responsible for credentialling. The U. S. Constitution makes no provision for a Minister of Education, and the 10th Amendment delegates authority for education to states.

Harcleroad (1980), indicates that American society has three sectors: private enterprise, public enterprise, and voluntary enterprise, with educational matters largely attended to by either states or the voluntary enterprise sector. This voluntary sector, in fact, has become so influential that it annually disburses over $100 billion dollars and controls one-ninth of all property in the U. S. Harcleroad continued by indicating that the practice of attending to community

needs outside government has profoundly shaped American society and its institutions and reflects a philosophy of pluralism and individual initiative. Nevertheless, federal control has begun to infringe upon the autonomy of institutions of higher education through restrictions involving financial assistance to students and programs. So, in addition to the constitutionally provided power and responsibilities which states have regarding educational programs, professional groups must also acknowledge this shotgun marriage between the university and the federal government.

Licensing:

Licensing and accreditation are closely related in that many states and/or associations require that individuals must complete an accredited program before sitting for a licensure exam. In a detailed study, Parrish (1980) indicated that this is true for pharmacists, CPAs, psychologists, dental hygienists, and physical therapists in five Northeastern states. Graduation from an accredited institution and program is also necessary in the professions of medicine (State Medical Boards), Nursing (State Nursing Boards), and Law (the American Bar Association exams). Occasional exceptions may be made, especially those regarding foreign students, but these latter three professions have progressed beyond separate jurisdictional exams to a national exam for most individuals seeking licensure. Some degree of fluxuation occurs because states may establish their own passing scores. A similar pattern for licensure is practiced for psychology. Although there are forty-nine statutory boards of psychologist examiners in the United States, most of those seeking a license take the Examination for Professional Practice in Psychology (EPPP).

Qualifications for a license in most professions, according to Hogan (1979), include four areas of concern: 1) personal requirements (e.g., good moral character), 2) experience requirements (e.g., internship), 3) successful completion of an

examination, and 4) a formal education credential from an accredited university or program.

Accreditation processes are highly similar and most follow Council of Post-secondary Accreditation (COPA) guidelines very closely. The usual pattern followed includes an application, self-study, visitation, and judgment by a professional group or association. For example, accreditation is a function of a professional society for medicine, osteopathy, dentistry, podiatry, and optometry. Pharmacy programs are accredited by a tripartite sponsorship of the professional association, association of universities, and the national board. Nursing is an exception in that the National League of Nursing accredits programs rather than either the professional organization (ANA) or the professional school association (AACN). The ABA accredits law schools, but the American Association of Law Schools also has a separate accrediting process.

Rather than discussing the accrediting and licensing processes and problems of professional organizations at length, the major effort will focus on relicensing as a concept and practice. This area was chosen for more detailed attention for two basic reasons: one, most of the analyses of relicensing apply equally well to the total gamut of licensing and certifying, and, two, the issue of measuring continuing competence is a significant issue in teacher education.

Relicensing:

For the purposes of this discussion, relicensing will be viewed more as a concept than an act of receiving approval. Consequently, the concept deals with attempts to gain an assurance that a practitioner has maintained a level of continuing competence. There are obvious overlaps with initial licensing, specialty certification, and continuing education as they relate to developing and maintaining a progressively increasing competence in a profession.

Most legislatures have chosen to mandate continuing education (CE) rather than the evaluation of performance as a basis for relicensing or recertifying. McGuire (1979) is astonished that the public and professions simply embrace further training rather than acceptable performance as evidence of continued competence. She supports her concerns by indicating that: over one-half of the states require CE for renewal of physician's licenses, about one-half are considering it for dental relicensing, one-third for veteranarians, and about one-fourth require CE for pharmacy, nursing, and law. Twenty-six states are considering CE for the relicensure of realtors.

The underlying assumption to most required CE activity is that a deficit in knowledge is the major cause of inadequate performance. Several studies in medicine have been identified in which an analysis of the reasons for failure to meet standards rarely revealed knowledge as the primary cause. The water has been muddied even more by conclusions that Board certified pathologists apparently perform no better than those who aren't certified.

In spite of Hogan's (1979) claim that it was professions, not the public, that insisted upon licensing practitioners, others have emphasized that the public is no longer satisfied with assurance of initial competency only. Regardless of who initiated the impetus, the die is cast and competency assessments are growing in demand in most professions. In 1950, only 73 professions and occupations required licensing, but there are 44 medical specialty certification exams now and the number is proliferating in most professions.

Of the procedures used in evaluating continuing competence in professions, two have received the bulk of attention: examinations, including clinical evaluations, and CE. The use of these methods to evaluate competence are under scrutiny and evaluation themselves.

Problems in using examinations to demonstrate competency:

There is a continuous pressure exerted on licensing agencies to prove their tests are valid predictors of job performance. Validation studies of licensing exams are rare, according to Hecht and Fortune (1976) who indicated that developing exams with predictive power is difficult, time consuming, expensive, and impractical. The Supreme Court reviewed this matter and ruled against the Albermarle Paper Company in 1975 by concluding that criteria used for tests to select employees must relate to critical work behaviors as represented by a careful job analysis. The potential impact of this decision on professional licensing exams is undetermined. Recent efforts by the National League of Nursing to validate its R.N. licensing exam by drawing items from on-the-job experiences rather than emphasizing knowledge items is probably a trend of the future for all professions. The one area of testing which continues to receive emphasis in most professions is establishing predictive power for success on the job. The Association of American Medical Colleges (1981) stated that of 50 cells derived from five abilities and ten tasks and used to develop the Comprehensive Qualifying Exam for physicians, 38 can only be satisfied by direct observation and are inappropriately evaluated through written exams. If the following discussion adequately surveys the national professional associations' efforts, it seems reasonable to assume that local, state, and jurisdictional exams are probably severely lacking in predictive validity too.

Hall (1974) reported that the National Association of Boards of Pharmacy exam showed significant reliability among all parts of the theoretical constructs and with GPAs, but little correlation was noted between GPAs and the two practical portions of the exam. Even on highly reliable tests, individual gain scores have only a fraction of this reliability. This pattern of low correlations between or among tests, GPAs and professional performance has been well documented in medicine, business, teaching, art, literature, music, drama, and science (Stedman, 1976).

Most of the professions surveyed have judged written exams as inadequate for predicting future competence or for providing assurance to the public regarding continuing competence. Some form of on-the-job assessments, either real or in controlled simulations, have been recommended as a more logical and productive way of measuring competency. McGuire (1979) reported that this strategy has been highly successful for renewing licenses of commercial pilots, but this admiration for performance competency measures is far from universal.

Several studies of performance in natural settings have been reported for physicians and medical technologists, none of which lend strong support for this evaluation strategy. In one study reported by Williamson (1976), radiologists scored poorly in comparative readings of X-ray films, and Davies (1958) related that 20% of the cardiologists who read electrocardiograms for acute coronary suspects disagreed on the evaluation of the evidence, and 13% disagreed with their own previous diagnosis.

Meskausos (1978) stated that work sample methods are often too content related and limited to too few cases to be highly effective. He reviewed three additional experiments in which variations of judgment were reasonably large and consequently having suspicious validity, and concluded that the rapid changing of medical knowledge affects a judge's expertise in evaluating performance. One of the most interesting studies regarding evaluation in a work setting was reported by Williamson (1976). Blood samples were prepared, each sample split, and labs were directed to assay them for unknown drug abuse substances. The first group of half samples was sent as a part of a professional evaluation program and assays were 96% accurate. Then the other half of the identical samples was sent to the lab through physicians who used their normal procedures for sending specimens to a lab. The same lab workers analyzing identical samples for the same purpose recorded a 50% accuracy rating.

Problems in using continuing education for maintaining competency:

Most of the same problems involved with testing for competency also have surfaced in continuing education strategies. No profession has established firm data regarding the effectiveness, validity, and reliability of continuing education as a method of developing continued professional competence. In a detailed and thorough study of CE for Pennsylvania's physicians, Mansfield (1980) concluded that there is little evidence that CE's goals of improved physician performance have been fulfilled. There were, however, some positive signs with 75% indicating that mandating CE would be worthwhile and 83% indicated a willingness to participate voluntarily. Few physicians, however, believed that their patient care competence would be significantly affected by CE.

Most of the professions would agree we are expecting an imperfect system to deliver more than it can. In spite of the lack of validity, many states, through statutes or State Boards, are requiring CE in medicine, nursing, law, pharmacy, and many other professions besides teaching as a means of maintaining continuing competence.

Synthesized suggestions for teacher education:

1. Licensing practices need constant reviewing and continuing improvement, but professions accept them as significantly important in maintaining quality. Licensing should follow after completion of a nationally accredited program. Faculty at accredited institutions should be involved in this process and demands should be made regarding their acceptance of professional responsibility to participate in carefully screening those skills and tasks unmeasurable on written tests.

2. No single test, technique, or strategy should be used to measure competence, either for licensure or relicensure. Even carefully planned work sample methods and simulations have demonstrated deficiencies which warrant careful scrutiny. Planned criterion-referenced simulated tasks of a complex rather than molecular nature appear to provide fewer problems for accurate, meaningful assessments.

3. Validity studies, especially of predictive validity, are desperately needed to establish credibility for program efficiency, licensing evaluation processes, and for continuing assessments of competency. A thorough analysis of the teaching function related to competence, performance, and effectiveness must be of the highest priority if significant improvements are to be made.

4. Continuing education falls short of assuring the continued competence of practitioners. Formal training and practitioner planned programs have both revealed serious deficiencies in meeting this goal. Perhaps post-master degree specialty licenses would be worth investigating. At a time when block grants are being recommended for staff development, the failure of many CE programs cannot be ignored if progress is desired.

5. Viable models of cooperative efforts between states and professional organizations should be carefully studied and successes should be disseminated (eg. Minnesota Higher Education Coordinating Commission). Efforts by major professions should also be carefully monitored for potential modification and use.

The most duplicated credentialling model has been the medical model. Still imperfect, it boasts powerful national association control of professional entry, training, and licensing and certifying. NCATE's controversial beginning was over 100 years after the formation of the American Medical Society in 1847. Even though teacher educators may have the patience for a slow evolutionary progress, it is doubtful that they still have the luxury of time. Logarithmic rates of societal changes must be met with more than arithmetic rates of response.

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